



# UnitedHealthcare Community & State

Hoosier Care Connect Health Plan Provider Portal

Presented by Karen Cockerham, Provider Relations

United  
Healthcare®



# Agenda

- UnitedHealthcare Portal
- Update Portal Landing Page
- How to Submit a Claim in the Portal
- How to Check Claim Status
- How to Submit a Corrected Claim
- How to Submit a Claims Project
- How to Search for a Prior Authorization
- TrackIt






# Acronyms


- CMS – Centers for Medicare and Medicaid Services
- DOS – Date of Service
- EDI – Electronic Data Interchange
- FDA – Food and Drug Administration
- HCFA – Health Care Finance Administration
- INN – In-Network
- NDC – National Drug Code
- OON – Out-of-Network
- RFP-Request for Participation
- UHC- UnitedHealthcare










# Sign In to the UnitedHealthcare Provider Portal


Members  New User & User Access

What can we help you find? 

  
Resources for health care professionals

Eligibility Prior Authorization Claims and Payments Referrals Our network  Resources  **Sign In **

 See all the COVID-19 updates and resources →



## New Surest health plans page is live

Visit our new Surest page for everything you need to know about the name change from Bind and to see the new member ID cards.

Explore the page

Sign in to the UnitedHealthcare Provider Portal

Need access to the UnitedHealthcare Provider Portal?  
New User & User Access

## UnitedHealthcare Provider Portal

The UnitedHealthcare Provider Portal has more than 40 tools that allow you to take action on claims and get the answers you need quickly. It's available 24/7 – and at no cost to you. All without having to pick up the phone.

Get training →



# Sign In Window



## Sign In With Your One Healthcare ID

One Healthcare ID or email address

Password



Sign In

### Additional options:

[Create One Healthcare ID](#)

[Manage your One Healthcare ID](#)

[What is One Healthcare ID?](#)

[Forgot One Healthcare ID](#) | [Forgot Password](#)

Do not bookmark this login page. Instead, bookmark [UHCprovider.com](#) then click "Sign In" next time you want to log in.

### New One Healthcare ID requirement coming soon

**Starting in early September 2022**, UnitedHealthcare Provider Portal users who are also registered for Optum Pay must add a phone number to their profile.

You can add your phone number now by going to the Manage your One Healthcare ID link above and clicking the Verification Options tab. If your profile already includes your phone number, no action is required.




[Chat with support](#)

Note: This feature is not advisable for persons with visual impairments and/or who may require audible support.



# Forgot OneHealthcare ID or Password



## Sign In With Your One Healthcare ID

One Healthcare ID or email address

Password

[Sign In](#)

[Forgot One Healthcare ID](#) | [Forgot Password](#)

**Additional options:**


- [Create One Healthcare ID](#)
- [Manage your One Healthcare ID](#)
- [What is One Healthcare ID?](#)

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 [Chat with support](#)

Note: This feature is not advisable for persons with visual impairments and/or who may require audible support.



# Forgot OneHealthcare ID



## Forgot One Healthcare ID

With a little information we can help you retrieve your One Healthcare ID.

Email address

Next

Cancel

[Find my One Healthcare ID with other information](#)



[Chat with support](#)

Note: This feature is not advisable for persons with visual impairments and/or who may require audible support.



# Verify Your Identity



## Find One Healthcare ID: Verify Your Identity

We want to be sure only you can recover your account. Choose an option for recovering access to your account and if your input information corresponds to an active account, we will reveal your One Healthcare ID with your selected option.

- ☒ **Email:** Send my One Healthcare ID in an email to my account's primary email.
- ☐ **Text message:** Text my One Healthcare ID to my account's phone number.  
You are opting to receive a text message with your One Healthcare ID. Message and data rates may apply.

Next

Cancel



[Chat with support](#)

Note: This feature is not advisable for persons with visual impairments and/or who may require audible support.



# Verify Your Identity



## Find One Healthcare ID: Verify Your Identity

We want to be sure only you can recover your account. Choose an option for recovering access to your account and if your input information corresponds to an active account, we will reveal your One Healthcare ID with your selected option.

- ☒ **Email:** Send my One Healthcare ID in an email to my account's primary email.
- ☐ **Text message:** Text my One Healthcare ID to my account's phone number.  
You are opting to receive a text message with your One Healthcare ID. Message and data rates may apply.

Next

Cancel



[Chat with support](#)

Note: This feature is not advisable for persons with visual impairments and/or who may require audible support.



# OneHealthcare ID Retrieval



## Your One Healthcare ID

We recently received a request to send your One Healthcare ID to this email address:

kcoc[REDACTED]

If you did not make this request or if you think you received this email in error, contact us at 1-855-819-5909 or [optumsupport@optum.com](mailto:optumsupport@optum.com).

Thank you,  
One Healthcare ID



# Password Retrieval



## Forgot Password

With a little information we can help you reset your password.

Enter your email address or One Healthcare ID

Next

Cancel



[Chat with support](#)

Note: This feature is not advisable for persons with visual impairments and/or who may require audible support.



# Recovery Method Not Verified



You haven't yet verified a method for recovering access to your account. Please contact us at 1-855-819-5909 or [optumsupport@optum.com](mailto:optumsupport@optum.com) to verify your identity and recover your password.

[Return to sign in](#)



# Portal Resources

The screenshot shows the United Healthcare Provider Portal. The top navigation bar includes links for [Members](#), [New User & User Access](#), and a search bar with the placeholder text "What can we help you find?". Below this, the United Healthcare logo is on the left, and navigation links for [Eligibility](#), [Prior Authorization](#), [Claims and Payments](#), [Referrals](#), [Our network](#), [Resources](#), and a [Sign In](#) button are on the right. The [Resources](#) link is highlighted with a red box. Below the navigation bar, the page is divided into four columns of resources. The first column contains links for [Plans, policies, protocols and guides](#), [Care provider administrative guides and manuals](#), and a dropdown for [Choose a Location:](#). The second column contains links for [Drug lists and pharmacy](#), [Health plans](#), and a dropdown for [Choose a Location:](#). The third column contains links for [Education and training](#), [Reports and quality programs](#), and [Telehealth](#). The fourth column contains links for [News](#), [Resource library](#), and [The UnitedHealthcare Provider Portal resources](#). The [Education and training](#) link is highlighted with a red box. A red arrow points from below the [Resource library](#) link up to the [Resources](#) menu item.

Members [New User & User Access](#)

United Healthcare  
Resources for health care professionals

[Eligibility](#) [Prior Authorization](#) [Claims and Payments](#) [Referrals](#) [Our network](#) [Resources](#) [Sign In](#)

[Plans, policies, protocols and guides](#)  
Policies for most plan types, plus protocols, guidelines and credentialing information  
[Care provider administrative guides and manuals](#)  
Specifically for Commercial and Medicare Advantage (MA) products

[Drug lists and pharmacy](#)  
Pharmacy resources, tools, and references  
[Health plans](#)  
View health plans available by state  
[Choose a Location:](#)

[Education and training](#)  
Updates and getting started with our range of tools and programs  
[Reports and quality programs](#)  
Reports and programs for operational efficiency and member support  
[Telehealth](#)  
Resources and support to prepare for and deliver care by telehealth

[News](#)  
Important news updates for you  
[Resource library](#)  
Tools, references and guides for supporting your practice  
[The UnitedHealthcare Provider Portal resources](#)  
Log in for our suite of tools to assist you in caring for your patients

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[Healthcare Professional Education and Training | UHCprovider.com](https://UHCprovider.com)



[Members](#)
[New User & User Access](#)
[What can we help you do?](#)

[Eligibility](#)
[Prior Authorization](#)
[Claims and Payments](#)
[Referrals](#)
[Our network](#)
[Resources](#)
[Sign In](#)

[Home](#)
[Resource Library](#)
[Healthcare Professional Education and Training](#)

## Healthcare Professional Education and Training

We provide a full range of training resources including interactive self-paced courses and instructor-led sessions. The training content is organized by categories to make it easier to find what you need.

<a href="#">Digital Solutions</a>	<a href="#">Plans and Products</a>	<a href="#">Clinical Tools</a>
<a href="#">Coding Corner</a>	<a href="#">Smart Edits</a>	<a href="#">State Specific Training</a>
<a href="#">Instructor Led Learning Events</a>	<a href="#">Delegated Providers</a>	<a href="#">Veterans Affairs Community Care Network (VA CCN)</a>

### Getting Started with UnitedHealthcare

This is the first course all new care providers should complete. Whether you are new to our network, have a new employee, or simply need a refresher, this self-paced course is designed to give you what you need to get started working with us.

[Start course](#)

### UnitedHealthcare Provider Portal Overview

Discover how you can use the UnitedHealthcare Provider Portal for all of your online services, including claims, eligibility, prior authorization, referrals and much more.

[Review now](#)

### Start with TrackIt

#### TrackIt Self-Paced User Guide

Easily follow up on your claims, prior authorization or referral workflows and take action, if needed. You can address time-sensitive Smart Edits and even view some letters in TrackIt to save time.

[Review now](#)

### Special Needs Plan (SNP) Model of Care Training for Providers

The required training includes information about the different types of SNPs tailored to individual needs. You're considered a SNP care provider if you see UnitedHealthcare plan members who have benefits under a Medicare Advantage SNP.

[Start course](#)

### CME Credit Courses & Educational Programs

The [OptumHealth™ Education](#) website provides access to on-demand webcasts, information on upcoming conferences and registration for other educational programs.

#### Need Help?

If you are experiencing technical problems with an application or need immediate assistance, please visit the [Technical Support](#) page for contact phone numbers and information.

If you need technical help to access any of our trainings, please email [uhcsm@uhcs.com](mailto:uhcsm@uhcs.com).





# Updated Portal Landing Page



# Portal Landing Page

## UnitedHealthcare Provider Portal Overview Interactive Guide

The screenshot displays the UnitedHealthcare Provider Portal landing page. At the top, the UnitedHealthcare logo is on the left, followed by a search bar. On the right, there are links for Training & Support, Practice Management, Trackit, and a user profile for Taylor. Below this is a navigation bar with tabs: Eligibility, Claims & Payments, Referrals, Prior Authorizations, Clinical & Pharmacy, Documents & Reporting, and Additional Tools. A status bar indicates 'Trackit: Action Required' and 'Claims: Completed'. The main heading is 'Welcome, Taylor!' with a message: 'Before you get started, make sure your payer information and provider information in the top right corner of the page is correct.' The page is divided into three main sections. On the left is a sidebar with icons and links for Eligibility, Claims & Payments, Prior Authorizations & Notifications, Referrals, Documents & Reporting, and UnitedHealthcare Updates. The center section is titled 'Verify Eligibility & Benefits' and contains a form to 'Select Your Eligibility Search Criteria\*'. This form includes fields for Member ID and Date of Birth, a search range selector (Predefined Date or Custom Date), and a policy date range selector. A 'Verify Eligibility' button is at the bottom of the form. On the right is a 'Eligibility & Benefits Resources' section with links to Tool resources, Interactive training guide, Drug lists and pharmacy, New Jersey health plan, Quick Links & Tools, UMR, All Savers, Optum VA Community Care Network, and Optum Physical Health. An interactive guide overlay, consisting of orange lines and arrows, highlights several elements: a 'Customize Tabs' button in the top right, the entire left sidebar, the 'Verify Eligibility & Benefits' form, and the 'Eligibility & Benefits Resources' section.

**UnitedHealthcare**

Search

Training & Support Practice Management Trackit Taylor

Payer 87726 - UnitedHealthcare Provider Scott Brundie

Eligibility Claims & Payments Referrals Prior Authorizations Clinical & Pharmacy Documents & Reporting Additional Tools

Trackit: Action Required Take action on any tickets that require attention. Claims Completed Prior Authorizations 3 Require Action

### Welcome, Taylor!

Before you get started, make sure your payer information and provider information in the top right corner of the page is correct.

**Eligibility**

**Claims & Payments**

**Prior Authorizations & Notifications**

**Referrals**

**Documents & Reporting**

**UnitedHealthcare Updates**  
Updated MM/DD/YYYY

### Verify Eligibility & Benefits

Select Your Eligibility Search Criteria\* \*Required Fields

Member ID & Date of Birth

Member ID\* Date of Birth\*  
MM/DD/YYYY

+ Search for Multiple Members

Search Range: ☒ Predefined Date ☐ Custom Date

Select a Policy Date Range\*

Today's Date MM/DD/YYYY

Verify Eligibility

### Eligibility & Benefits Resources

Tool resources ☒

Interactive training guide ☒

Drug lists and pharmacy ☒

New Jersey health plan ☒

### Quick Links & Tools

UMR ☒

All Savers ☒

Optum VA Community Care Network ☒

Optum Physical Health ☒

1 2 < >



# Member Insurance Coverage

UnitedHealthcare

Training & Support

Alerts

Practice Management

TrackIt

Michelle

Payer

87726 - UnitedHealthcare

Provider

Healthcare Network

Eligibility

Claims & Payments

Referrals

Prior Authorizations

Clinical & Pharmacy

Documents & Reporting

Additional Tools

Admin

Home

S Adams

View Recent Search Results

Print

S Adams

Subscriber

Date of Birth: 11/11/2011

Gender: Female

Member ID Selected: 100101001

New Search

Policy Selected: Healthchoice

Active (01/01/2021 - 12/31/2021)

Service Dates Requested: 06/28/2021 - 06/28/2021

Change

Patient Demographics

Policies

Care Provider

Deductibles & Maximums

Coverage

Detailed Benefits

Policies

Medical (Healthchoice) Active, 01/01/2021 - 12/31/2021

UNITEDHEALTHCARE

Medical Active 01/01/2021 - 12/31/2021 | Subscriber | Member ID Selected: 100101001

Payer Status: --

Member ID 100101001	Plan Name Healthchoice	Payer UNITEDHEALTHCARE (87726)	Prior Authorizations Yes, Required Go to Prior Authorizations
Group 10010	Plan Type Medicaid	Claims Address P.O. Box 31365 Salt Lake City, UT 84131	Referral Yes, Required Go to Referrals
Coordination of Benefits Status Not Applicable	Funding Type Fully Insured	Care Opportunities Care Opportunities Exist	Prior Authorizations by Code Check Prior Authorizations by Code Medical Services Only

View ID Card

Find a Provider

Find a Claim

Feedback



# Network Benefits

UnitedHealthcare

Training & Support

Alerts

Practice Management

TrackIt

Michelle

Payer

87726 - UnitedHealthcare

Provider

Healthcare Network

Eligibility

Claims & Payments

Referrals

Prior Authorizations

Clinical & Pharmacy

Documents & Reporting

Additional Tools

Admin

Home

S Adams

View Recent Search Results

Print

S Adams

Subscriber

Date of Birth: 11/11/2011

Gender: Female

Member ID Selected: 100101001

New Search

Policy Selected: Healthchoice

Active (01/01/2021 - 12/31/2021)

Service Dates Requested: 06/28/2021 - 06/28/2021

Change

Patient Demographics

Policies

Care Provider

Deductibles & Maximums

Coverage

Detailed Benefits

Copay & Coinsurance

Based on your Selected Care Provider Information, your network status for this member is: In-Network

View Benefits for Individual

Looking for a service that is not listed?

View Additional Services

POPULAR SERVICES COVERAGE

Service	Copay	Co-Insurance	Service Level Deductible Info	Status
Chiropractic	\$20.00 / visit	0%	—	Active
Emergency Services	\$50.00 / visit	0%	—	Active
Hospital In-Patient	\$0.00 / visit	10%	—	Active
Hospital Out-Patient	\$0.00 / visit	10%	—	Active
Physician Visit	\$20.00 / visit	0%	—	Active
Specialist Visit	\$20.00 / visit	0%	—	Active
Urgent Care	\$35.00 / visit	0%	—	Active

THERAPY COVERAGE

Please see the Detailed Benefits section for therapy coverage information.



# Detailed Benefits

UnitedHealthcare

Training & Support

Alerts

Practice Management

TrackIt

Michelle

Payer

87726 - UnitedHealthcare

Provider

Healthcare Network

Eligibility

Claims & Payments

Referrals

Prior Authorizations

Clinical & Pharmacy

Documents & Reporting

Additional Tools

Admin

Home

S Adams

View Recent Search Results

Print

S Adams

Subscriber

Date of Birth: 11/11/2011

Gender: Female

Member ID Selected: 100101001

New Search

Policy Selected: Healthchoice

Active (01/01/2021 - 12/31/2021)

Service Dates Requested: 06/28/2021 - 06/28/2021

Change

Patient Demographics

Policies

Care Provider

Deductibles & Maximums

Coverage

Detailed Benefits

Coverage

Code Lookup Tool

Use this tool to validate a diagnosis and/or procedure code. This tool can be used to confirm if these codes are currently valid and acceptable.

Find a Code

Copay & Coinsurance

Based on your Selected Care Provider Information, your network status for this member is: In-Network

Change Provider

Network Status

In-Network

View Benefits for Individual

Looking for a service that is not listed?

View Additional Services

POPULAR SERVICES COVERAGE

Click to Collapse

Service	Copay	Co-Insurance	Service Level Deductible Info	Status
Chiropractic	\$20.00 / visit	0%	—	Active
BENEFITS ALLOWED				
Covered - Actual 24 / Lifetime				
Emergency Services	\$50.00 / visit	0%	—	Active
Hospital In-Patient	\$0.00 / visit	10%	—	Active
Hospital Out-Patient	\$0.00 / visit	10%	—	Active
Physician Visit	\$20.00 / visit	0%	—	Active
Specialist Visit	\$20.00 / visit	0%	—	Active
Urgent Care	\$35.00 / visit	0%	—	Active

THERAPY COVERAGE

Click to Collapse





# **How to Submit a Claim on the Portal**



[Training & Support](#) ▾[Alerts](#)[Practice Management](#) ▾[TrackIt](#)[Michelle](#) ▾Payer **87726 - UnitedHealthcare** ▾Provider **Healthcare Network** ▾[Eligibility](#)**Claims & Payments** ▾[Referrals](#)[Prior Authorizations](#) [Clinical & Pharmacy](#) ▾[Documents & Reporting](#) ▾[Additional Tools](#)[Admin](#) ▸ [Home](#) ▸ [S Adams](#)[View Recent Search Results](#) **S Adams** ▾ Subscriber | Date of Birth: **11/11/2011** | Gender: **Female** | Member ID Selected: **100101001**[New Search](#)Policy Selected: **Healthchoice** • **Active** (01/01/2021 - 12/31/2021) • Service Dates Requested: **06/28/2021 - 06/28/2021** [Change](#)[Patient Demographics](#) | [Policies](#) | [Care Provider](#) | [Deductibles & Maximums](#) | [Coverage](#) | [Detailed Benefits](#)**Detailed Benefits****Search or Browse Detailed Benefits****Search** for details about this member's medical benefits.*Search for related procedures or treatments***Or browse** related services by category. Expand categories below to see related services[Collapse All](#)

Acupuncture (1)



Allergy (1)



Ambulance Services (1)



Balance Bill (1)



Behavioral Health (1)



COB - Coordination of Benefits (1)



Case Management (1)



Chemotherapy (1)



Chiropractic Services (1)



Circumcision (1)






# Online Claim Form

[Admin](#) ▶ [Home](#) ▶ [Claims Submission](#) ▶ [Search Results](#) ▶

[◀](#) **CMS 1500 Professional Claim Form**

[Patient & Insured Information](#) | [General Claim Information](#) | [Diagnosis, Authorizations & Miscellaneous Claim Search](#) | [Service Lines](#) | [Provider Information](#)

**Patient & Insured Information**

1. Insurance Type 

**Patient Information**

2. Patient Name


3. Date Of Birth

3A. Gender

[Change Member](#)

5. Patient Address

6. Patient's Relationship To Insured

10. Is Patient's Condition Related To (Optional) 

10D. Claim Condition Codes (Designated by NUCC) (Optional)

[Add Claim Condition Code](#)

**Insured Information**

1A. Insured'S ID Number


4. Insured's Name

7. Insured's Address

11. Policy Group

11A. Insured's Date Of Birth

11C. Insurance Plan Name Or Program Name (Optional)

11D. Is there another Health Benefit Plan? 



# General Claim Information – Authorized Signatures

General Claim Information	
<div><div><b>12. Patient's Authorized Signature/Release of Information</b> I authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. <div>YES</div></div><div><b>13. Insured Authorized Signature / Benefits Assigned</b> I authorize payment of medical benefits to the undersigned physician or supplier for services described below. <div>YES</div></div></div>	
<b>15. Description (Optional)</b> <div></div>	<b>Date (Optional)</b> <div></div> MM/DD/YYYY
<b>16. Dates Patient Unable to Work</b> <div><b>From (Optional)</b> <div></div> MM/DD/YYYY</div> <div><b>To (Optional)</b> <div></div> MM/DD/YYYY</div>	



# General Claim Information – Additional Information

General Claim Information	
<b>12. Patient's Authorized Signature/Release of Information</b> I authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.	
<div>YES</div>	
<b>13. Insured Authorized Signature / Benefits Assigned</b> I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
<div>YES</div>	
<b>15. Description (Optional)</b>	<b>Date (Optional)</b>
<div></div>	<div></div> <small>MM/DD/YYYY</small>
<b>16. Dates Patient Unable to Work</b>	
<b>From (Optional)</b>	<b>To (Optional)</b>
<div></div> <small>MM/DD/YYYY</small>	<div></div> <small>MM/DD/YYYY</small>
<b>18. Hospital Dates Related to Current Service</b>	
<b>From (Optional)</b>	<b>To (Optional)</b>
<div></div> <small>MM/DD/YYYY</small>	<div></div> <small>MM/DD/YYYY</small>
<b>17. Other Providers (Optional)</b>	<b>19. Additional Claim Information Type (Optional)</b>
<div>Add Provider</div>	The additional information entered here applies ONLY to the entire claim. If info is specific to a service line, then enter in field 24K. <div>SELECT...</div>
<b>22. Resubmission Code</b> 1	<b>23.Claim Level Reference Information(CLIA, Prior Auth, etc.) (Optional)</b>
	<div>Add Box 23 Item</div>
<b>Place of Service</b>	
<div>SELECT...</div>	
<b>24. Ambulance Billing (Optional)</b>	
<div>NO</div>	



# General Claim Information – Add Provider

General Claim Information	
<b>12. Patient's Authorized Signature/Release of Information</b> I authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. <div>YES</div>	<b>13. Insured Authorized Signature / Benefits Assigned</b> I authorize payment of medical benefits to the undersigned physician or supplier for services described below. <div>YES</div>
<b>15. Description (Optional)</b> <div></div>	<b>Date (Optional)</b> <div></div> <small>MM/DD/YYYY</small>
<b>16. Dates Patient Unable to Work</b> <b>From (Optional)</b> <div></div> <small>MM/DD/YYYY</small>	<b>To (Optional)</b> <div></div> <small>MM/DD/YYYY</small>
<b>17. Other Providers (Optional)</b> <div>Add Provider</div>	<b>18. Hospital Dates Related to Current Service</b> <b>From (Optional)</b> <div></div> <small>MM/DD/YYYY</small>
	<b>To (Optional)</b> <div></div> <small>MM/DD/YYYY</small>
<b>19. Additional Claim Information Type (Optional)</b> The additional information entered here applies ONLY to the entire claim. If info is specific to a service line, then enter in field 24K. <div>SELECT...</div>	
<b>22. Resubmission Code</b> 1	<b>23.Claim Level Reference Information(CLIA, Prior Auth, etc.) (Optional)</b> <div>Add Box 23 Item</div>
<b>24. Ambulance Billing (Optional)</b> <div>NO</div>	<b>Place of Service</b> <div>SELECT...</div>



# General Claim Information – Add Claim Level Info

General Claim Information	
<b>12. Patient's Authorized Signature/Release of Information</b> I authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.	
<div>YES</div>	
<b>15. Description (Optional)</b>	<b>Date (Optional)</b>
<div></div>	<div></div> <small>MM/DD/YYYY</small>
<b>16. Dates Patient Unable to Work</b>	
<b>From (Optional)</b>	<b>To (Optional)</b>
<div></div> <small>MM/DD/YYYY</small>	<div></div> <small>MM/DD/YYYY</small>
<b>17. Other Providers (Optional)</b>	<b>18. Hospital Dates Related to Current Service</b>
<div>Add Provider</div>	<b>From (Optional)</b>
	<div></div> <small>MM/DD/YYYY</small>
	<b>To (Optional)</b>
	<div></div> <small>MM/DD/YYYY</small>
<b>19. Additional Claim Information Type (Optional)</b> The additional information entered here applies ONLY to the entire claim. If info is specific to a service line, then enter in field 24K.	
<div>SELECT...</div>	
<b>22. Resubmission Code</b> 1	<b>23. Claim Level Reference Information (CLIA, Prior Auth, etc.) (Optional)</b>
	<div>Add Box 23 Item</div>
<b>24. Ambulance Billing (Optional)</b>	
<div>NO</div>	



# General Claim Information – Place of Service

General Claim Information	
<b>12. Patient's Authorized Signature/Release of Information</b> I authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.	
<div>YES</div>	
<b>15. Description (Optional)</b>	<b>Date (Optional)</b>
<div></div>	<div></div> <small>MM/DD/YYYY</small>
<b>13. Insured Authorized Signature / Benefits Assigned</b> I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
<div>YES</div>	
<b>16. Dates Patient Unable to Work</b>	
<b>From (Optional)</b>	<b>To (Optional)</b>
<div></div> <small>MM/DD/YYYY</small>	<div></div> <small>MM/DD/YYYY</small>
<b>18. Hospital Dates Related to Current Service</b>	
<b>From (Optional)</b>	<b>To (Optional)</b>
<div></div> <small>MM/DD/YYYY</small>	<div></div> <small>MM/DD/YYYY</small>
<b>17. Other Providers (Optional)</b>	<b>19. Additional Claim Information Type (Optional)</b> The additional information entered here applies ONLY to the entire claim. If info is specific to a service line, then enter in field 24K.
<div>Add Provider</div>	<div>SELECT...</div>
<b>22. Resubmission Code</b> 1	<b>23.Claim Level Reference Information(CLIA, Prior Auth, etc.) (Optional)</b>
	<div>Add Box 23 Item</div>
<b>Place of Service</b>	
<div>SELECT...</div>	
<b>24. Ambulance Billing (Optional)</b>	
<div>NO</div>	



# General Claim Information – Ambulance Billing


General Claim Information	
<b>12. Patient's Authorized Signature/Release of Information</b> I authorize the release of medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.	
<div>YES</div>	
<b>15. Description (Optional)</b>	<b>Date (Optional)</b>
<div></div>	<div></div> <small>MM/DD/YYYY</small>
<b>13. Insured Authorized Signature / Benefits Assigned</b> I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
<div>YES</div>	
<b>16. Dates Patient Unable to Work</b>	
<b>From (Optional)</b>	<b>To (Optional)</b>
<div></div> <small>MM/DD/YYYY</small>	<div></div> <small>MM/DD/YYYY</small>
<b>18. Hospital Dates Related to Current Service</b>	
<b>From (Optional)</b>	<b>To (Optional)</b>
<div></div> <small>MM/DD/YYYY</small>	<div></div> <small>MM/DD/YYYY</small>
<b>17. Other Providers (Optional)</b>	<b>19. Additional Claim Information Type (Optional)</b> The additional information entered here applies ONLY to the entire claim. If info is specific to a service line, then enter in field 24K.
<div>Add Provider</div>	<div>SELECT...</div>
<b>22. Resubmission Code</b> 1	<b>23. Claim Level Reference Information (CLIA, Prior Auth, etc.) (Optional)</b>
	<div>Add Box 23 Item</div>
<b>Place of Service</b>	
<div>SELECT...</div>	
<b>24. Ambulance Billing (Optional)</b>	
<div>NO</div>	



# Diagnosis Details – Enter Information

Diagnosis, Authorizations & Miscellaneous Claim Search

21. Diagnosis details

Diagnosis Pointer	Diagnosis Code	Diagnosis Code Description	
1. Primary	<input type="text"/>		 Delete

Unsure what your code is?  
[Look up Code](#)


Add Diagnosis



# Diagnosis Details – Enter Information

Diagnosis, Authorizations & Miscellaneous Claim Search

21. Diagnosis details

Diagnosis Pointer	Diagnosis Code	Diagnosis Code Description	
1. Primary	<input type="text"/>		 Delete

Unsure what your code is?  
[Look up Code](#)


Add Diagnosis



# Diagnosis Details – Look Up Code

Diagnosis, Authorizations & Miscellaneous Claim Search

21. Diagnosis details

Diagnosis Pointer	Diagnosis Code	Diagnosis Code Description	
1. Primary	<input type="text"/>		 Delete

Unsure what your code is?  
[Look up Code](#)


Add Diagnosis



# Diagnosis Details – Add Diagnosis

Diagnosis, Authorizations & Miscellaneous Claim Search

21. Diagnosis details

Diagnosis Pointer	Diagnosis Code	Diagnosis Code Description	
1. Primary	<input type="text"/>		 Delete

Unsure what your code is?  
[Look up Code](#)


Add Diagnosis



# Diagnosis Details – Look Up Code

Diagnosis, Authorizations & Miscellaneous Claim Search

21. Diagnosis details


Diagnosis Pointer	Diagnosis Code	Diagnosis Code Description	
1. Primary	<input type="text"/>		 Delete

Unsure what your code is?  
[Look up Code](#)

Add Diagnosis



# Service Lines – Dates and Code

Service Lines									
Line Item Number: 1									
<b>Date From</b> <input type="text"/> <small>MM/DD/YYYY</small>	<b>Place of Service (Optional)</b> SELECT... ▾	<b>EMG (Optional)</b> ▾	<b>CPT/HCPC Code</b> <input type="text"/> <a href="#">Look Up Code</a>	<b>Modifiers (Optional)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Charges</b> <input type="text"/>	<b>Family Plan (Optional)</b> ▾	<b>Number of Days Or Units</b> <input type="text"/> Units ▾	<b>EPSTD (Optional)</b> ▾	 Delete Line
<b>Date To</b> <input type="text"/> <small>MM/DD/YYYY</small>				<b>Diagnosis Pointers</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
<b>Add any additional information for line 1 below.</b>									
✓ Provider Information									
✓ Notes & Attachments									
✓ COB Information									
✓ NDC Code									
✓ Test Results									
28. Total Charge \$0.00									
<div>Add row</div>									
29. Patient Amount Paid (Optional) <input type="text"/>									




# Service Lines – Diagnosis Pointer, Charges and Days or Units

Service Lines									
Line Item Number:1									
Date From <input type="text"/> <small>MM/DD/YYYY</small>	Place of Service (Optional) <input type="text" value="SELECT..."/>	EMG (Optional) <input type="text"/>	CPT/HCPC Code <input type="text"/> <a href="#">Look Up Code</a>	Modifiers (Optional) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Diagnosis Pointers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Charges <input type="text"/>	Family Plan (Optional) <input type="text"/>	Number of Days Or Units <input type="text"/> <input type="text" value="Units"/>	EPSTD (Optional) <input type="text"/>	<a href="#">Delete Line</a>
Add any additional information for line 1 below.									
<input type="checkbox"/> Provider Information									
<input type="checkbox"/> Notes & Attachments									
<input type="checkbox"/> COB Information									
<input type="checkbox"/> NDC Code									
<input type="checkbox"/> Test Results									
28. Total Charge \$0.00									
<input type="button" value="Add row"/>									
29. Patient Amount Paid (Optional) <input type="text"/>									



# Service Lines – Additional Optional Information

Service Lines									
Line Item Number:1									
Date From <input type="text"/> <small>MM/DD/YYYY</small>	Place of Service (Optional) <input type="text" value="SELECT..."/>	EMG (Optional) <input type="text"/>	CPT/HCPC Code <input type="text"/> <a href="#">Look Up Code</a>	Modifiers (Optional) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Diagnosis Pointers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Charges <input type="text"/>	Family Plan (Optional) <input type="text"/>	Number of Days Or Units <input type="text"/> <small>Units</small>	EPSTD (Optional) <input type="text"/>	 Delete Line
Date To <input type="text"/> <small>MM/DD/YYYY</small>									
<b>Add any additional information for line 1 below.</b>									
<input checked="" type="checkbox"/> Provider Information									
<input checked="" type="checkbox"/> Notes & Attachments									
<input checked="" type="checkbox"/> COB Information									
<input checked="" type="checkbox"/> NDC Code									
<input checked="" type="checkbox"/> Test Results									
28. Total Charge \$0.00									
<input type="button" value="Add row"/>									
29. Patient Amount Paid (Optional) <input type="text"/>									



# Provider Information – Account Number, Accept Assignment. Signature on File

**Provider Information**

25. Provider Tax ID Number

TIN Type

26. Patient account number

123121

27. Accept assignment

YES

31. Provider's signature on file

YES

32. Service facility location

Mayo Clinic Scottsdale

Select Service Facility Address

Select...

Search by Zip Code (Optional)

Change Provider

If the address you're looking for does not appear in the results, please do a zip code search.

33. Billing Provider

Select Billing Provider Address

Select...

Search by Zip Code (Optional)

If the address you're looking for does not appear in the results, please do a zip code search.

Do you have a National Provider Identifier (NPI)?

☐ Yes

☒ No

33A. Billing Provider Secondary ID

1111

33B. Taxonomy Code (Optional)

34. Servicing Provider Info

Do you have a National Provider Identifier (NPI)?

☐ Yes

☒ No

34A. Servicing Provider Secondary ID

111

34B. Taxonomy Code (Optional)



NOTE: For Medicaid, certain states require a taxonomy code. Enter a valid taxonomy code only for the Billing Provider if NPI/Secondary ID is the same for both Billing and Servicing Providers.

Cancel

Submit





# Provider Information - Service Facility Address

Provider Information		
25. Provider Tax ID Number	TIN Type	
26. Patient account number	27. Accept assignment	31. Provider's signature on file
123121	YES	YES
32. Service facility location Mayo Clinic Scottsdale		
Select Service Facility Address		Search by Zip Code (Optional)
Select...		<input type="text"/> 
If the address you're looking for does not appear in the results, please do a zip code search.		
33. Billing Provider		34. Servicing Provider Info
Select Billing Provider Address		Search by Zip Code (Optional)
Select...		<input type="text"/> 
If the address you're looking for does not appear in the results, please do a zip code search.		Do you have a National Provider Identifier (NPI)?
Do you have a National Provider Identifier (NPI)?		<input type="radio"/> Yes
<input checked="" type="radio"/> No		<input checked="" type="radio"/> No
33A. Billing Provider Secondary ID	33B. Taxonomy Code (Optional)	34A. Servicing Provider Secondary ID
1111		111
		34B. Taxonomy Code (Optional)
NOTE: For Medicaid, certain states require a taxonomy code. Enter a valid taxonomy code only for the Billing Provider if NPI/Secondary ID is the same for both Billing and Servicing Providers.		
<input type="button" value="Cancel"/> <input type="button" value="Submit"/>		



# Provider Information – Billing Provider and Service Provider Address

Provider Information	
25. Provider Tax ID Number	TIN Type
26. Patient account number 123121	27. Accept assignment YES
31. Provider's signature on file YES	
32. Service facility location Mayo Clinic Scottsdale	
Select Service Facility Address Select...	Search by Zip Code (Optional) <input type="text"/> 
If the address you're looking for does not appear in the results, please do a zip code search.	
Change Provider	
33. Billing Provider	34. Servicing Provider Info
Select Billing Provider Address Select...	Search by Zip Code (Optional) <input type="text"/> 
If the address you're looking for does not appear in the results, please do a zip code search.	
Do you have a National Provider Identifier (NPI)? <input type="radio"/> Yes <input checked="" type="radio"/> No	
33A. Billing Provider Secondary ID 1111	34B. Taxonomy Code (Optional) <input type="text"/>
33B. Taxonomy Code (Optional) <input type="text"/>	NOTE: For Medicaid, certain states require a taxonomy code. Enter a valid taxonomy code only for the Billing Provider if NPI/Secondary ID is the same for both Billing and Servicing Providers.



# Provider Information – Taxonomy Codes

Provider Information	
<b>25. Provider Tax ID Number</b> <b>TIN Type</b>	
<b>26. Patient account number</b> 123121	
<b>27. Accept assignment</b> YES	
<b>31. Provider's signature on file</b> YES	
<b>32. Service facility location</b> Mayo Clinic Scottsdale	
<b>Select Service Facility Address</b> Select...	
<b>Search by Zip Code (Optional)</b> [Search Box] [Search Icon]	
<a href="#">Change Provider</a>	
If the address you're looking for does not appear in the results, please do a zip code search.	
<b>33. Billing Provider</b>	<b>34. Servicing Provider Info</b>
<b>Select Billing Provider Address</b> Select...	<b>Do you have a National Provider Identifier (NPI)?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Search by Zip Code (Optional)</b> [Search Box] [Search Icon]	<b>34A. Servicing Provider Secondary ID</b> 111
If the address you're looking for does not appear in the results, please do a zip code search.	<b>34B. Taxonomy Code (Optional)</b> [Search Box]
<b>Do you have a National Provider Identifier (NPI)?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>NOTE:</b> For Medicaid, certain states require a taxonomy code. Enter a valid taxonomy code only for the Billing Provider if NPI/Secondary ID is the same for both Billing and Servicing Providers.
<b>33A. Billing Provider Secondary ID</b> 1111	<b>33B. Taxonomy Code (Optional)</b> [Search Box]



# Provider Information – Submit

**Provider Information**

25. Provider Tax ID Number

TIN Type

26. Patient account number

123121

27. Accept assignment

YES

31. Provider's signature on file

YES

32. Service facility location

Mayo Clinic Scottsdale

Select Service Facility Address

Select...

Search by Zip Code (Optional)

Change Provider

If the address you're looking for does not appear in the results, please do a zip code search.

33. Billing Provider

Select Billing Provider Address

Select...

Search by Zip Code (Optional)

If the address you're looking for does not appear in the results, please do a zip code search.

Do you have a National Provider Identifier (NPI)?

☐ Yes

☒ No

33A. Billing Provider Secondary ID

1111

33B. Taxonomy Code (Optional)

34. Servicing Provider Info

Do you have a National Provider Identifier (NPI)?

☐ Yes

☒ No

34A. Servicing Provider Secondary ID

111

34B. Taxonomy Code (Optional)


NOTE: For Medicaid, certain states require a taxonomy code. Enter a valid taxonomy code only for the Billing Provider if NPI/Secondary ID is the same for both Billing and Servicing Providers.


Cancel


Submit




# Provider Information – Confirmation





Search 

Payer **87726 - UnitedHealthcare** Provider 

[Eligibility](#) [Claims & Payments](#) [Referrals](#) [Prior Authorizations](#) [Clinical & Pharmacy](#) [Documents & Reporting](#) [Additional Tools](#)

[Home](#) [Claims Submission](#) [Search Results](#) [Confirmation Page](#)  Print

Member ID : Patient Account Number Submission Status: **Acknowledged** 

 **Thank you for submitting your claim online!**  
For information on the status of your submission: On search page, select "View Status of Submitted Claim" to view if claim has been accepted, rejected or acknowledged status.

**Claim Submission Summary**

Date of Submission	Billed Amount	Billing Provider Tin	Billing Provider Name
09/30/2021	199.00		

[Download Claim](#) [Submit A New Claim](#)





# How to Check Claim Status



## Claims Submission

Perform a Claim task

Select Claims Task:

☐ Submit a Claim

☒ View Status of Submitted Claim

Currently Selected Provider:

Edit

From\*

MM/DD/YYYY

To\*

MM/DD/YYYY

Submit Search

Claims Quick Links

Claims Estimator Tool

This allows you to pre-determine patient benefits, allowable service bundling, and claim financials.

Claims Research Project

Search for and submit a reconsideration request for multiple claims with the same reason for denial.

Claims In TrackR

Submission of Covered Claims

Claims Submission Status

Description of the status of submitted claim(s):

Accepted - UnitedHealthcare has received and passed the claim to the adjudication system to be processed. Once the claim is processed, you will receive a Remittance Advice. You can search for the claim on the Claim feature on the UnitedHealthCare Provider Portal to view the claim, its payment information and view letters and remittance advice online.

Rejected - The claim has NOT been accepted by UnitedHealthcare. You will need to re-enter and submit your claim, with corrections indicated in the rejected reason.

Acknowledged - Please check the status again, most claims are accepted or rejected within 48 business hours.

Claim Submission Results

Enable Status Filter

Showing 1 - 13 of 122 Results

Results Per Page: 10 1 of 13

Submission Date	First Service Date	TIN	Patient Account Number	Sitting Provider	Tax ID Number	Patient Name	Last update Date, Time	Status	Rejection Details
									VIEW
									VIEW
									VIEW

Code: P03WLDOP1 SmartEdit UICOP1

Description: This claim appears to be a duplicate of previously submitted claim ID (U03984041) received for processing on 09/02/2017. This claim has been rejected and will not be processed.

Code: 507

Description: Acknowledgment/Returned as unprocessable claim (The claim/encounter has been rejected and has not been entered into the adjudication system).

Code: 508

Description: Duplicate of a previously processed claim/line.

### Perform a Claim task

Select Claims Task: ☐ Submit a Claim ☒ View Status of Submitted Claim

Currently Selected Provider:

## • Example

Fengze®



444/20/1111

800/235-7777

[Submit Search](#)

### Claims Quick Links

[Claims Estimator Tool](#) 

This allows you to pre-determine patient benefits, allowable service bundling, and claim financials.

[Claims Research Project](#) 

Search for and submit a reconsideration request for multiple claims with the same reason for denial.

[Claims in Track](#) 

Substitution of Presented Photos 73

Ⓢ Claim Submission Status

Description of the status of submitted claim(s):

- Accepted - UnitedHealthcare has received and passed the claim to the adjudicator system to be processed. Once the claim is processed, you will receive a Remittance Advice. You can search for the claim on the Claim feature on the UnitedHealthCare Provider Portal to view the claim, its payment information and view bills and remittance advice online.
- Rejected - The claim has NOT been accepted by UnitedHealthcare. You will need to re-enter and submit your claim, with corrections indicated in the rejected reason.
- Acknowledged - Please check the status again, most claims are accepted or rejected within 48 business hours.

### Claim Submission Results

### Enable Status Filter

Showing 1 - 13 of 122 Results

Results 10 ▼

4-22

1 | 4913 | 3

[illegible]

Code: 7439A/DOPI SmartStart 4DOPI

**Description:** This claim appears to be a duplicate of previously submitted claim ID [12090434] received for processing on 20/02/2021. This claim has been rejected and will not be processed.

Costs: \$37  
# members:


**Description:** Acknowledgment/Returned as unprocessable item-The claim/presenter has been rejected and has not been entered into the adjudication system.

-Case: 12-16

**Description:** Duplicate of a previously processed carryline



# Claim Search Results



Training & Support Alerts Practice Management Tracklet Michelle

Payer87726 - UnitedHealthcareProviderHealthcare Network

EligibilityClaims & PaymentsReferralsPrior AuthorizationsClinical & PharmacyDocuments & ReportingAdditional Tools

Home > Claims Search ResultsExport to CSVPrint

## Claims Search Results

Use the column to sort the table

### Claims Results

Search CriteriaFilter Search Results

Claim Status: AllPerform a New Search

Showing 1 - 1 of 1 ResultResults Per Page10Pg 1 of 1

Processed Date	Patient First Name	Patient Last Name	Claim Number	First Service Date	Billed Amount	Paid Amount	Member ID Number	Patient Account Number	Status
06/26/2020	J	SMITH	012101210	06/09/2020	\$4,962.50	\$63.33	987987987	00070007RRU	Finalized



# Claim Details

Training & Support ▾ Alerts Practice Management ▾ TrackIt Michelle ▾

Payer 87726 - UnitedHealthcare ▾ Provider Healthcare Network ▾

Eligibility Claims & Payments ▾ Referrals Prior Authorizations Clinical & Pharmacy ▾ Documents & Reporting ▾ Additional Tools

UnitedHealthcare | LINK 87726 - UnitedHealthcare ▾ Rehab ▾

HOME ELIGIBILITY & BENEFITS CLAIMS REFERRALS PRIOR AUTHORIZATIONS

Home > Claims Search Results > Claims Summary Page View Flagged Claims and Tickets Print

< Claim Number: 012101210 J Smith • Member ID: 987987987 • Patient Account Number: 00070007RRU

Flag Claim New Search

Current Claim Status: **Finalized** • First Date of Service: 06/09/2020 • Total Billed: \$4,962.50

Adjudication Status: **In-Network**

Patient & Provider Details Claim Details Line Items Payments Related Documents Act on Claim [View Patient's Eligibility & Benefits](#)

Patient & Provider Details

**Patient Information**

Patient Name  
J Smith

Member ID  
987987987

Patient's Date of Birth  
05/05/1905

Policy Number  
99999

Subscriber  
J Smith  
21 Park Ln

**Provider Information**

Billing Provider  
Rehab Hosp

Servicing Provider  
Rehab Hosp

Tax ID  
123123123

Insurance Type  
Medicare

Claim Details

**Claim Summary**

Claim Number  
012101210

Patient Account Number  
00070007RRU

First Date of Service  
06/09/2020

Received Date  
06/18/2020

Current Claim Status: Finalized

Adjudication Status: **In-Network**

**STATUS HISTORY**

**Billing Summary**

Total Billed\$4,962.50

Total Adjustments\$4,729.17

Total Patient Responsibility\$150.00

Total Paid\$83.33



# Line Items

Training & Support Alerts Practice Management TrackIt Michelle

Payer87726 - UnitedHealthcareProviderHealthcare Network

EligibilityClaims & PaymentsReferralsPrior AuthorizationsClinical & PharmacyDocuments & ReportingAdditional Tools

UnitedHealthcare | Link

Payer87726 - UnitedHealthcareProviderRehab

HOMEELIGIBILITY & BENEFITSCLAIMSREFERRALSPRIOR AUTHORIZATIONS

Home > Claims Search Results > Claims Summary PageView Flagged Claims and TicketsPrint

Claim Number: 012101210J SmithMember ID: 987987987Patient Account Number: 00070007RRU

Current Claim Status: FinalizedFirst Date of Service: 06/09/2020Total Billed: \$4,962.50

Adjudication Status: In-Network

Flag ClaimNew Search

Patient & Provider DetailsClaim DetailsLine ItemsPaymentsRelated DocumentsAct on ClaimView Patient's Eligibility & Benefits

Claim Details

Claim Summary

Claim Number	Patient Account Number	First Date of Service	Received Date
012101210	00070007RRU	06/09/2020	06/18/2020
Current Claim Status: Finalized		Adjudication Status: In-Network	

STATUS HISTORY

06/18/2020Received

06/26/2020Paid/Finalized

F1: Finalized/Payment-The claim/line has been paid.  
104: Processed according to plan provisions (Plan refers to provisions that exist between the Health Plan and the Consumer or Patient)

Capitated/Fee For Service	Claim Remark Code
Fee For Service	--

Billing Summary

Total Billed	\$4,962.50
Total Adjustments	\$4,729.17
Total Patient Responsibility	\$150.00
Total Paid	\$83.33

Diagnosis Codes

Diagnosis Codes  
M25561, S83411A, R600, M25461, M25561

DRG  
00000

Line Items

Claim Details and Line Items



# Claims Details and Line Items

Training & Support

Alerts

Practice Management

TrackIt

Michelle

Payer

87726 - UnitedHealthcare

Provider

Healthcare Network

Eligibility

Claims & Payments

Referrals

Prior Authorizations

Clinical & Pharmacy

Documents & Reporting

Additional Tools

Home

Claims Search Results

Claims Summary Page

View Flagged Claims and Tickets

Print

Claim Number: 012101210

J Smith

Member ID: 987987987

Patient Account Number: 00070007RRU

Flag Claim

New Search

Current Claim Status: Finalized

First Date of Service: 06/09/2020

Total Billed: \$4,962.50

Adjudication Status: In-Network

Patient & Provider Details

Claim Details

Line Items

Payments

Related Documents

Act on Claim

View Patient's Eligibility & Benefits

Line Items

Claim Details and Line Items

Use the

to view more details about that row,

including potential remark codes, claim adjustment remark codes or reimbursement policies.

Use the button below to add/remove columns

Customize Table

Close All	Line #	Date of Service	Service Code	Revenue Code	Modifier	Billed Amount	Paid Amount
PROCESSED DATE: 06/26/2020							
	1	06/09/2020 - 06/09/2020	73721	0610	-	\$4,962.50	\$83.33
<div>REMARK CODES</div> <div>0208: CHARGE(S) EXCEED(S) FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.</div> <div>CLAIM ADJUSTMENT REASON CODES</div> <div>3: CO-PAYMENT AMOUNT</div> <div>131: CLAIM SPECIFIC NEGOTIATED DISCOUNT.</div> <div>023: THE IMPACT OF PRIOR PAYER(S) ADJUDICATION INCLUDING PAYMENTS AND/OR ADJUSTMENTS.</div>							
OVERALL CLAIM TOTALS							\$83.33

Coordination of Benefits

No coordination of benefits information was received for this claim.

Check this patient's eligibility to determine if additional coverage exists.



# Payments

UnitedHealthcare | Link

Payer  
87726 - UnitedHealthcare

Provider  
Rehab

[HOME](#) [ELIGIBILITY & BENEFITS](#) [CLAIMS](#) [REFERRALS](#) [PRIOR AUTHORIZATIONS](#)

[Home](#) > [Claims Search Results](#) > [Claims Summary Page](#) [View Flagged Claims and Tickets](#) [Print](#)

[Claim Number: 012101210](#) [J Smith](#) • [Member ID: 987987987](#) • [Patient Account Number: 00070007RRU](#) [Flag Claim](#) [New Search](#)

[Current Claim Status: Finalized](#) • [First Date of Service: 06/09/2020](#) • [Total Billed: \\$4,962.50](#) [Adjudication Status: In-Network](#)

[Patient & Provider Details](#) | [Claim Details](#) | [Line Items](#) | [Payments](#) | [Related Documents](#) | [Act on Claim](#) [View Patient's Eligibility & Benefits](#)

Payments

Payment Information

Payment Type	Payment Issue Date	Payee Type	Check Number	Check Amount	Bulk Funds Report
Electronic*	07/02/2020	Provider	I705765	\$83.33	No Reports Found

\*This is an electronic payment. To get additional details, please access the EPS/Optum Pay tile on your Link Dashboard.

Related Documents

Letters

There are no letters associated with the claim at this time.

**Note:** Letters are displayed for UnitedHealthcare commercial and Medicare Advantage claims only.

Remittance Advice Documents

07/02/2020

Act on Claim

Corrected Claim

This is not available for this claim.

Submit Corrected Claim





# How to Submit a Corrected Claim



# Claim Reconsideration

UnitedHealthcare | Link

Payer  
87726 - UnitedHealthcare

Provider  
Rehab

HOMEELIGIBILITY & BENEFITSCLAIMSREFERRALS ↗PRIOR AUTHORIZATIONS ↗

Home > Claims Search Results > Claims Summary Page

View Flagged Claims and TicketsPrint

Claim Number: 012101210 J Smith • Member ID: 987987987 • Patient Account Number: 00070007RRU

Current Claim Status: **Finalized** • First Date of Service: 06/09/2020 • Total Billed: \$4,962.50

Adjudication Status: **In-Network**

Patient & Provider Details | Claim Details | Line Items | Payments | Related Documents | Act on Claim

View Patient's Eligibility & Benefits

Related Documents

**Letters**

There are no letters associated with the claim at this time.

**Note:** Letters are displayed for UnitedHealthcare commercial and Medicare Advantage claims only.

**Remittance Advice Documents**

07/02/2020

Act on Claim

**Corrected Claim**

This is not available for this claim.

Submit Corrected Claim

**Claim Reconsideration**

When should you submit a claim reconsideration request?

Create Claim Reconsideration

**File Appeal/Dispute**

When should you submit an Appeal/Dispute?

File Appeal/Dispute

**Add Attachment for Pending Claim**

Please provide requested documentation to complete the adjudication of this claim.

This is not available for this claim, at this time.

Action Required



# Claim Reconsideration

UnitedHealthcare | Link

Payer  
87726 - UnitedHealthcare

Provider  
Rehab

[HOME](#) [ELIGIBILITY & BENEFITS](#) [CLAIMS](#) [REFERRALS](#) [PRIOR AUTHORIZATIONS](#)

Home > Claims Search Results > Claims Summary Page

Claim Number: 012101210 J Smith • Member ID: 987987987 • Patient Account Number: 00070007RRU

Current Claim Status: **Finalized** • First Date of Service: 06/09/2020 • Total Billed: \$4,962.50

Adjudication Status: **In-Network**

[View Flagged Claims and Tickets](#) [Print](#)

[Flag Claim](#) [New Search](#)

[Patient & Provider Details](#) | [Claim Details](#) | [Line Items](#) | [Payments](#) | [Related Documents](#) | [Act on Claim](#) [View Patient's Eligibility & Benefits](#)

Related Documents

Letters

There are no letters associated with the claim at this time.

**Note:** Letters are displayed for UnitedHealthcare commercial and Medicare Advantage claims only.

Remittance Advice Documents

07/02/2020

Act on Claim

Corrected Claim

This is not available for this claim.

Submit Corrected Claim

Claim Reconsideration

When should you submit a claim reconsideration request?

Create Claim Reconsideration

File Appeal/Dispute

When should you submit an Appeal/Dispute?

File Appeal/Dispute

Add Attachment for Pending Claim

Please provide requested documentation to complete the adjudication of this claim.

This is not available for this claim, at this time.

Action Required



# Request Details and History

UnitedHealthcare | Link

Help | My Account

Payer: 87726 - UnitedHealthcare | Provider: Rehab

HOME | ELIGIBILITY & BENEFITS | CLAIMS | REFERRALS | PRIOR AUTHORIZATIONS

Home > Claims Search Results > Claims Summary Page > Create Reconsideration

View Flagged Claims and Tickets | Print

Claim Number: 012101210 J Smith • Member ID: 987987987 • Patient Account Number: 00070007RRU

New Search

Current Claim Status: Finalized • First Date of Service: 06/09/2020 • Total Billed: \$4,962.50

Contact Information | Request Details and History | Attachments

View Patient's Eligibility & Benefits

Create a Reconsideration

This form is to be completed by physicians, hospitals or other health care professionals to request a claim reconsideration for members enrolled in benefit plans administered by UnitedHealthcare. A separate request must be filled out for each claim reconsideration. Don't use this form for appeals or disputes. Continue to use your standard appeals process for formal appeals and disputes.

Contact Information

Provider Information

Billing Provider: Rehab Hosp | Tax ID Number: 123123123

Servicing Provider: Rehab Hosp

Submitter's Contact Information

All Fields are Required

First Name | Last Name | Phone Number | Email Address

Request Information

Request Details

All Fields are Required

Amount Requested | I don't know

Request Comments

Please include what you are expecting from UnitedHealthcare to close this in your practice management system in the amount requested field, and include any additional



# Attachments

UnitedHealthcare | Link

Help | My Account

Payer  
87726 - UnitedHealthcare

Provider  
Rehab

HOME

ELIGIBILITY & BENEFITS

CLAIMS

REFERRALS

PRIOR AUTHORIZATIONS

Home > Claims Search Results > Claims Summary Page > Create Reconsideration

View Flagged Claims and Tickets

Print

Claim Number:  
012101210 J Smith • Member ID: 987987987 • Patient Account Number: 00070007RRU

New Search

Current Claim Status: Finalized • First Date of Service: 06/09/2020 • Total Billed: \$4,962.50

Contact Information | Request Details and History | Attachments

View Patient's Eligibility & Benefits

Request Information

Request Details

All Fields are Required

Amount Requested

☐ I don't know

Request Reason

Please select a reason

Request Comments

Please include what you are expecting from UnitedHealthcare to close this in your practice management system in the amount requested field, and include any additional comments you would like in the comment field.


New Comment

Comments are required. Max of 4,000 characters.

Attachments

Add a Document

Add supporting documents for your request by uploading files from your computer.  
The maximum file size for each file is 50MB. The following types are supported: .pdf, .txt, .png, .jpg, .jpeg, .bmp, .gif, .tif, .doc, and .docx. You may upload multiple documents.



Drag and Drop a Document Here

Or

Browse and Upload Document



# Browse and Upload

UnitedHealthcare

Link

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Claim Number:

012101210 J Smith

Member ID: 987987987

Patient Account Number: 00070007RRU

New Search

Current Claim Status: Finalized

First Date of Service: 06/09/2020

Total Billed: \$4,962.50

Contact Information

Request Details and History

Attachments

View Patient's Eligibility & Benefits

Request Reason

Please select a reason

New Comment

Comments are required. Max of 4,000 characters.

Attachments

Add a Document

Add supporting documents for your request by uploading files from your computer.  
The maximum file size for each file is 50MB. The following types are supported: pdf, txt, png, jpg, jpeg, bmp, gif, tiff, doc, and docx. You may upload multiple documents.

Drag and Drop a Document Here

Or

Browse and Upload Document

Files cannot be deleted once you click the submit button.

Cancel

Submit Reconsideration

Submit and Flag Reconsideration

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# **How to Submit a Claims Project**



# Claims Research Project



## Claims Research Project

This guide shows you how to search and submit a reconsideration request for multiple claims with the same reason for review using our Claims Research Project.

Click 'Menu' to see what is included in the guide and select a topic for quick reference or proceed in order using the forward arrow.

start course >

★ MENU

28%  
complete

1m  
time spent








# How to Search for an Authorization



# Prior Authorization and Notification




## Prior Authorization and Notification

Check requirements, submit requests, upload medical notes, check status and update cases – without faxing or calling.


Select **View Menu** to see all information covered in this guide or choose a topic on the right. Once you're in a topic, click the forward arrow to advance to the next page. You can click Home or Menu on the bottom navigation bar any time to switch topics.

[get started](#)[view menu](#)



### Introduction


[start topic](#)



### New Features


Review recent enhancements and new features.

[start topic](#)




### Using the Tool

[start topic](#)




### Admission Notification

[start topic](#)

 MENU

0% complete0m time spent





# Search Existing Submission and Drafts

Menu

PRIOR AUTHORIZATION AND NOTIFICATION

SUBMITTING PROVIDER

The submitting provider selection from your previous session has been retained. If you need to change the submitting provider, please click on the 'SELECT A DIFFERENT PROVIDER' button.

NAME

TAX ID

HOSPITAL

74114411

SELECT A DIFFERENT PROVIDER

See the latest feature and find out what you are looking for using the menu of the [self-paced guide](#).

STANDARD PRIOR AUTHORIZATION/NOTIFICATION TRANSACTIONS

Check if prior authorization is required for medical service

Check by Procedure Code(s), Product Type, State & Diagnosis

+

[CHECK BY CODE](#)

Check by Member, Procedure Code(s) & Case Details to generate a Reference # (Decision ID)

+

[CHECK BY MEMBER](#)

View status of existing submissions, drafts and make updates

[SEARCH EXISTING SUBMISSIONS & DRAFTS](#)

Create a new notification or prior authorization request

+

[CREATE NEW SUBMISSIONS](#)

RADIOLOGY, CARDIOLOGY, ONCOLOGY AND RADIATION ONCOLOGY TRANSACTIONS

Create or view the status for a notification or prior authorization submission for Radiology, Cardiology, Oncology and Radiation Oncology

\* Excludes MDIPA and Optimum Choice

[SUBMISSION & STATUS](#)

SPECIALTY PHARMACY TRANSACTIONS

Create or view the status for a notification or prior authorization submission for Specialty Pharmacy

[SUBMISSION & STATUS](#)

PRIOR AUTHORIZATION & NOTIFICATION RESOURCES

[Prior Authorization Guidelines](#)

[Provider Administrative Guides](#)

[Radiology Notification & Authorization](#)

[Cardiology Notification & Authorization](#)


CHAT

HELP

FEEDBACK



# Search Method

 NOTIFICATION/PRIOR AUTHORIZATION CASE STATUS SEARCH

PROVIDER INFORMATION

NAME  
CHILDRENS HOSP

ADDRESS

TAX ID  
977977977

SELECT A DIFFERENT PROVIDER

☐ SEARCH BY NOTIFICATION/PRIOR AUTHORIZATION NUMBER

☒ SEARCH BY SUBMITTING PROVIDER

START DATE\*  
06/19/2017  
mm/dd/yyyy

END DATE\*  
07/03/2017  
mm/dd/yyyy

PHYSICIAN/PROVIDER ADDRESS  
▼

SERVICE SETTING  
All  
▼

STATUS  
All  
▼

☐ SEARCH BY MEMBER ID AND DOB

☐ SEARCH BY MEMBER ID AND NAME

☐ SEARCH BY MEMBER NAME, DOB AND STATE

☐ BROWSE UPDATES WITHIN LAST 7 DAYS

CANCEL

SEARCH



# Search Results

SEARCH BY SUBMITTING PROVIDER

START DATE\*

06/19/2017

mm/dd/yyyy

END DATE\*

07/03/2017

mm/dd/yyyy

PHYSICIAN/PROVIDER ADDRESS

SERVICE SETTING

All

STATUS

All

☐ SEARCH BY MEMBER ID AND DOB

☐ SEARCH BY MEMBER ID AND NAME

☐ SEARCH BY MEMBER NAME, DOB AND STATE

☐ BROWSE UPDATES WITHIN LAST 7 DAYS

CANCEL

SEARCH

SEARCH RESULTS

Showing 1 to 2 of 2

View per page 10

< 1 of 1 >

ROW#	NOTIFICATION AUTHORIZATION #	MEMBER ID	LAST NAME	FIRST NAME	SERVICE SETTING	PLACE OF SERVICE	SERVICE DATES	CASE STATUS
1	A010000005	88888888	PATIENT	NATHAN	Inpatient	Acute Hospital	06/30/2017-07/01/2017	<a href="#">Click here for more details</a>
2	A010000001	99999999	PATIENT	MARIE	Outpatient Facility	Outpatient Facility	06/23/2017-06/23/2017	<a href="#">Click here for more details</a>

Showing 1 to 2 of 2

View per page 10


< 1 of 1 >





**TrackIt**





Training & Support

Alerts

Practice Management

TrackIt

Michelle

Payer87726 - UnitedHealthcare

ProviderHealthcare Network

Eligibility

Claims & Payments

Referrals

Prior Authorizations


Clinical & Pharmacy

Documents & Reporting

Additional Tools

## Hello, Michelle

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page are correct. Try out our shortcuts to eligibility and claims information below for quick links to common tasks.



### Verify Eligibility & Benefits

[View Recent Search Results](#)

Eligibility Search Criteria\*

Member ID & Date of Birth

Member ID\*

Date of Birth\*


[Search for Multiple Members](#)

First Service Date

Last Service Date

The service date defaults to today's date and will return any current policies. To search for past and future policies, you may also enter a date range up to 6 years in the past and 12 months in the future.

Verify Eligibility



### Look Up a Claim or Ticket

[View Flagged Claims in TrackIt](#)

Select Your Claim or Ticket Search Criteria\*

Member ID & Date of Birth

Search By:

TIN133033330

ProviderHealthcare Network

Member ID\*

Date of Birth\*

Select Range:

Custom Date

Predefined Date

You may search for claims up to 18 months in the past.

First Service Date\*


Last Service Date\*

Submit Search

Feedback



# TrackItTickets



[Return to Link Dashboard](#) [Help](#) **TrackIt** [My Account](#)


Payer **87726 - UnitedHealthcare** Provider **Scott B**

[HOME](#) [ELIGIBILITY & BENEFITS](#) [CLAIMS](#) [REFERRALS](#) [PRIOR AUTHORIZATIONS](#)

## Hello

**TrackIt**

Before you get started, make sure your [payer information](#) and [provider information](#) are correct. Try out our shortcuts to eligibility and claims information below for more information.



### Verify Eligibility & Benefits

[View Recent Search Results](#)

Select Your Eligibility Search Criteria\*

Member ID & Date of Birth

Member ID\*

Date of Birth\*

[Search for Multiple Members](#)

Leaving the date blank defaults to today's date and returns current, past, or future policies; or enter date range up to 6 years in the past or 12 months in the future.

First Service Date

Last Service Date

Verify Eligibility

Select Your Criteria

Member ID\*

Search by:

Member ID\*

Search Range

First Service Date

**5** Claims in TrackIt: **9** Require Action

Reconsideration Tickets

Pended Tickets

Your Flagged Claims



# Track-It Specifics

[Return to Link Dashboard](#) [Help](#) [TrackIt](#) [My Account](#)

[HOME](#) [ELIGIBILITY & BENEFITS](#) [CLAIMS](#) [REFERRALS](#) [PRIOR AUTHORIZATIONS](#)

[Home](#) [TrackIt](#)

**TrackIt**  
Claims

Currently Viewing Claims

Before you get started, make sure your [payer information](#) and [provider information](#) in the top right corner of the page is correct.

Total of 6 Tabs. [Customize Tab Order](#)

Reconsideration Tickets: 5 3

Pended Tickets: 5 3

Your Flagged Claims: 4 1

**Reconsideration Tickets**  
Reconsideration tickets are used when you believe a claim was paid incorrectly.  
Please know that these are **only tickets updated in the last 14 days**. To view others, go to [Claims](#).

Viewing Tickets Created By Taylor A

Use the filters below to refine the table. Click on a filter to add or remove it.

☐ Hidden Tickets 3 ☒ Under Review 1 ☒ Recently Closed 1 ☒ Requires Attention 1 3

[+ Customize Table](#)

Showing 1-4 of 4 Results  
Use the ▼ to expand the row and see the most recent comments.


Results Per Page 10 < Pg 1 of 1 >




Expand All	Hide?	Ticket Number	Claim Number	First Name	Last Name	Date of Service	Last Updated	Member ID	Tickets Created By	Viewed?	Ticket Status
<span>▼</span>	<input type="checkbox"/>	<span>▲</span> PTPCR-*****	*****	Name	Name	MM/DD/YYYY	MM/DD/YYYY	Member ID	Name Name	Yes	Action Required
<span>▼</span>	<input type="checkbox"/>	PTPCR-*****	*****	Name	Name	MM/DD/YYYY	MM/DD/YYYY	Member ID	Name Name	Yes	In Progress
<span>▼</span>	<input type="checkbox"/>	<span>▲</span> PTPCR-*****	*****	Name	Name	MM/DD/YYYY	MM/DD/YYYY	Member ID	Name Name	Yes	Rejected
<span>▼</span>	<input type="checkbox"/>	PTPCR-*****	*****	Name	Name	MM/DD/YYYY	MM/DD/YYYY	Member ID	Name Name	Yes	Closed
<span>▼</span>	<input type="checkbox"/>	<span>▲</span> PTPCR-*****	*****	Name	Name	MM/DD/YYYY	MM/DD/YYYY	Member ID	Name Name	Yes	Rejected


< Pg 1 of 1 >







# Documents and Reporting



[Return to Link Dashboard](#)  [? Help](#) [Alerts](#) [Manage Practice](#)  [TrackIt](#) 3 [Settings](#) 

Payer 87726 - UnitedHealthcare 

Provider Hospital 

[ELIGIBILITY](#) [CLAIMS & PAYMENTS](#)  [REFERRALS](#) [PRIOR AUTHORIZATIONS](#)  [DOCUMENTS & REPORTING](#) 

### Documents

#### Document Library

This is a secure file storage and distribution service that provides centralized access to reports and letters.

#### Paperless Delivery Options

Allows Password Owners to stop the mail for documents which are housed in Document Vault.

### Reporting

#### Hospital Perf-Based Comp Reports

HPBC program provides an incentive to hospitals for quality and efficiency improvements in the delivery of health care affecting the overall health members and cost of health care.

#### Physician Performance & Reporting

UnitedHealthcare is committed to providing physicians with actionable, patient-specific information that will help them deliver the best possible clinical care while empowering them to meet personal and professional goals through our Physician Performance Based Compensation Program (PPBC).

#### UHC Insights


UnitedHealthcare Insights delivers key performance metrics in a solution that is easy to navigate, understand and take action. It consolidates reporting from multiple applications into a single interactive interface - making it easier than ever to discuss clinical and operational opportunities with UnitedHealthcare.

### UnitedHealthcare Reports

View capitation, ECap capitation, claim, quality, and provider roster / profile reports.

### UnitedHealthcare West Reports

View capitation, claims withheld, medical drug benefits, settlement, shared risk claims, eligibility, and patient management reports.

Member ID & Date of Birth 

Member ID\*

Date of Birth\*

MM/DD/YYYY

[+ Search for Multiple Members](#)

The service date defaults to today's date and will return any current policies. To search for past and future policies, you may also enter a date range up to 6 years in the past and 12 months in the future.


First Service Date

MM/DD/YYYY

Last Service Date

MM/DD/YYYY

Verify Eligibility

Member ID & Date of Birth 

Search By:

☒ TIN

75795799

Edit

☐ Provider

Hospital

Edit

Member ID\*

Date of Birth\*

MM/DD/YYYY

Select Range:

☒ Custom Date

☐ Predefined Date

You may search for claims up to 18 months in the past.

First Service Date\*

MM/DD/YYYY

Last Service Date\*

MM/DD/YYYY

Submit Search

[Feedback](#)



# Document Library

UnitedHealthcare

ELIGIBILITY CLAIMS & PAYMENTS REFERRALS PRIOR AUTHORIZATIONS

Home Document Library

Document Library

Home

Document Library Home

Folders

Claim Letters

Delegation Management

Episodes of Care

Management Documents

Overpayment Documents

Payment Documents

Peer Comparison Reports

Prior Auth Letters

TN Patient Centered Medical Home

TN Quarterly MAT Provider Report

All Files

Payer87726 - UnitedHealthcare

ProviderHospital

Search Files By

Member ID

You are searching for documents related to

TIN

Jamie Doctor | 1234567

Recently Added

See a snapshot of newly created provider documents in the order of the date they were placed in Document Library. [View more recents](#) to see and manage the documents.

Document Type

Medicare Appeals & Disputes / Notification Acknowledgement

Other Appeals & Disputes/ Other

UHCWest Appeals & Disputes / Additional Information Needed

Other Appeals & Disputes/ Other

UHCWest Appeals & Disputes / Resolution

\*The date the document is placed in Document Library is

Medica Self-Insured - A Third Party Administrator for Self-Funded Group Medical Plans

MEDICA

PO BOX 30990

SALT LAKE CITY, UT 84130-0990

(877) 842-3210

UnitedHealthcare

Patient: Curtis

Date of Service: 09/09/2009

Provider: M.D.

Claim ID: 90000

Member: Curtis

Member ID: 90000

Plan Name: COMPANIES, INC.

Plan #: 530/A /001

Account #: POSTCARD

Control #: AA1/ELIG002

M.D.

PO BOX 8

BELFAST ME 04915

December 6, 2019

Dear M.D.:

Patient: Curtis

Date of Service: 09/09/2009

Provider: M.D.

We received a claim for the above named patient. According to our records, this patient has not been enrolled for coverage. Therefore, no benefits are available for the expenses submitted.

If the patient should be enrolled under a Medica employer group plan, contact the employer group. If the patient should be enrolled under another type of Medica plan, contact Medica or your broker.

If you have questions, please contact one of our Customer Care Professionals at the number listed above.

Sincerely,

Your Service Representative

Go Paperless!

UHCprovider.com/paperless



# Provider Reference Appendix

## Provider Service Line Website Links

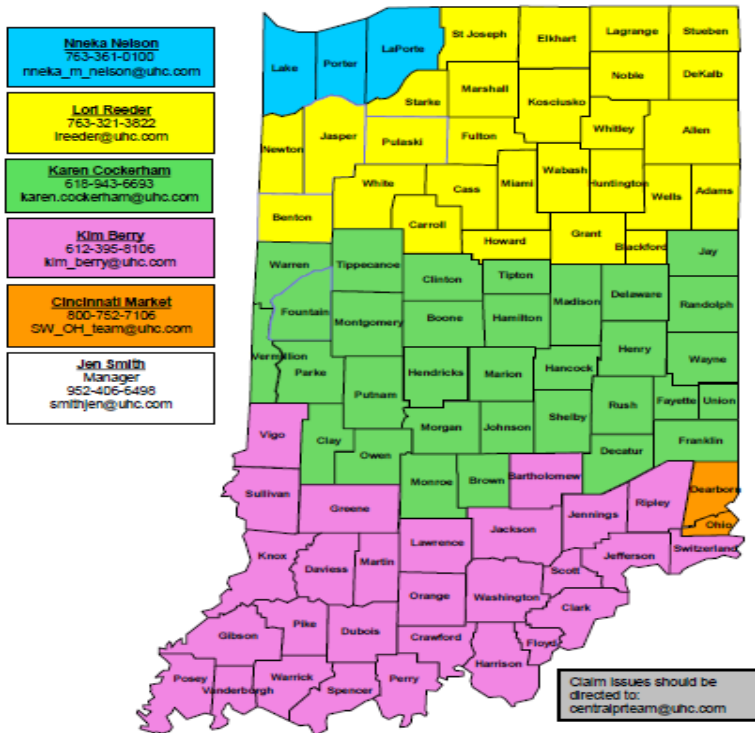
- United Health Community Plan (Medical): [www.uhcprovider.com/INcommunityplan](http://www.uhcprovider.com/INcommunityplan)
- Optum Behavioral Health: [www.providerexpress.com](http://www.providerexpress.com)





# Indiana Provider Advocate Account Manager Territory Map

UnitedHealthcare  
Indiana Provider Advocate Account Manager Territory Map

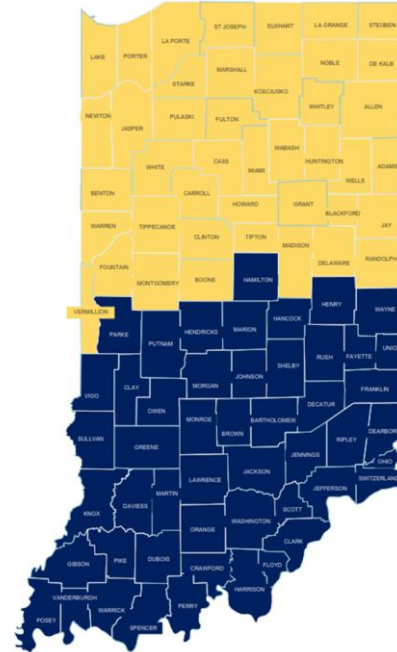




# Your Dental Advocate Team

**Catrice Campbell**  
Provider Advocate  
763-283-4522  
catrice\_campbell@uhc.com

**Paul Curry III**  
Provider Advocate  
952-202-2072  
paul\_curry@uhc.com





# Your Optum Behavioral Health ABA Advocate

**Nacole Thompson**  
**Provider Advocate**  
ABA Therapy- all counties  
952-406-6449  
[Nacole.Thompson@optum.com](mailto:Nacole.Thompson@optum.com)

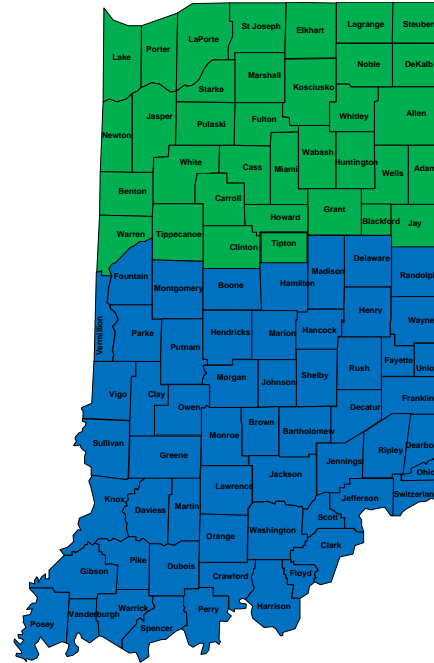




# Your Optum Behavioral Health Advocate Team

**Belen Stewart**  
**Provider Advocate**  
Behavioral Health  
612-632-5962  
[Belen.Stewart@optum.com](mailto:Belen.Stewart@optum.com)

**David Hoover**  
**Senior Provider Advocate**  
Behavioral Health  
763-330-7588  
[David\\_Hoover@optum.com](mailto:David_Hoover@optum.com)





# Questions and Answers

Thanks for Attending Today's Session

